HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
lto, Ken, Toyohiko	Legislature/House of Representatives
	TERM OF OFFICE (Begin/End):
	11/02 / 09/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME		AMOUNT	SERVICES RENDERED		
F	State Capitol 415 S. Beretania Street Honolulu, HI 96813		D	State Representative		
[]Check her	eck here if entry is None []Check here if additional sheets are atta					

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,J T	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
-				
	ck here if entry is None]Check here if additional sh	

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT PERIOD TRANSFER []Check here if additional sheets are attached [X]Check here if entry is None ITEM 4: CREDITORS List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods). **ORIGINAL AMOUNT** AMOUNT NAME OF CREDITOR AND ADDRESS OUTSTANDING OWED DC,JT []Check here if additional sheets are attached $[^X]$ Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. ANNUAL TERM OF OFFICE NAME AND ADDRESS OF BUSINESS TITLE HELD F,SP, COMPENSATION DC,JT []Check here if additional sheets are attached

[X]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

	sts in real property in the State, held during the disclosur		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	45-372 Kanaka Street Kaneohe, HI 96744	1-4-5-098-037-0000	-001 Н
JŢ	99-689 Kahilinai Place Aiea, HI 96701	99-023-034-0000-00	1 н
[]Chec	k here if entry is None		additional sheets are attached
_ist intere	ITEM 7: INTERESTS IN RE sts in real property in the State, acquired during the discl	EAL PROPERTY ACQUIRED osure period, if the interest has a value.	alue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
:			
[X]Chec	k here if entry is None		l Idditional sheets are attached
*	ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED	
*		L PROPERTY TRANSFERRED	
_ist interes	ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED colosure period, if the interest has a AMOUNT & NATURE OF	value of \$10,000 or more. NAME OF PERSON FURNISHING THE
_ist interes	ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED colosure period, if the interest has a AMOUNT & NATURE OF	value of \$10,000 or more. NAME OF PERSON FURNISHING THE
_ist interes	ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED colosure period, if the interest has a AMOUNT & NATURE OF	NAME OF PERSON FURNISHING THE
_ist interes	ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED colosure period, if the interest has a AMOUNT & NATURE OF	value of \$10,000 or more. NAME OF PERSON FURNISHING THE

[]Check here if additional sheets are attached

 $[^{\!\! X}$]Check here if entry is None

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

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				STATE OF HAMA

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE